



500 James Robertson Pkwy., Suite 110
Nashville, TN 37243-1150
Telephone: 800-544-7693 or (615) 532-3994
Fax: (615) 532-2868 - www.state.tn.us/commerce/boards/contractors

State of Tennessee
Department of Commerce & Insurance
LIMITED LICENSED PLUMBER (LLP)
License Application
FEE: \$75.00

Applicant Information

Name: _____ SS#: _____

Address: _____

City _____ State _____ Zip Code _____
Telephone : (____) ____ - ____ Cell: (____) ____ - ____ Fax : (____) ____ - ____
Email Address: _____

1. Convicted of a felony? ___No ___***Yes** – Applicant must disclose all convictions and attach a copy of charge, place, court, action taken and proof showing release of probation. In addition, must provide a background investigation report from TBI and a reference from parole officer. The Board may deny a license based on conviction and will judge on its own merits with respect to time, circumstances and seriousness. Applicants will be reviewed by the Board's regular scheduled meetings.

Experience

2. Please list and attach proof from municipality, county or city permit office of plumbing work:

_____	_____	_____
(Municipality/County)	(License/Registration#)	Exam: Yes or No
_____	_____	_____
(Municipality/County)	(License/Registration#)	Exam: Yes or No

3. Are you an employee of a licensed plumbing contractor? ___No ___Yes
If yes, Name of Contractor: _____; License ID# _____

4. Have you taken a plumbing examination? ___No ___Yes – Attach copy of score.

5. Plumbing Experience Hours: ___*Less than 2,000 ___2,000 ___4,000
*Must provide proof of 2,000 hours experience to take the exam and obtain LLP license.

Notarize

I hereby certify, I am at least 18 years of age and the information submitted within this application is true and correct, to the best of my knowledge. Further, all fees relative to the operation of such applicant's plumbing work have been paid to the appropriate agencies.

Signature

Affirmed, witnessed and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

For Office Use

Effective January 1, 2006, T.C.A. 62-6-402, this law requires plumbers performing projects less than \$25,000 to be licensed with the State of Tennessee as a Limited Licensed Plumber (LLP), unless exempt from one of the following provisions:

- A State licensed plumbing contractor, with a CMC-A, MC-A, CMC, or MC classification is exempt from the LLP requirement
- Employed as a plumber with a State licensed plumber or contractor
- Homeowner may perform plumbing on their own residence
- Working in any of the 15 exempt *counties where the LLP is not required

***Exempt Counties: Benton, Decatur, Dickson, Giles, Henderson, Henry, Hickman, Humphreys, Lake, Lawrence, Lewis, Obion, Perry, Stewart and Weakley**

INSTRUCTIONS

- ____ 1. Please complete the application; sign before a notary. An incomplete application and failure to submit attachments of required information will delay issuance of license.
- ____ 2. Attach proof of plumbing experience, such as a local license and/or wallet card; or notarized verification from past client, employer or official with local permit agency. Must provide evidence showing you have been engaged in plumbing!
- ____ 3. The Board will notify LLP applicants if a plumbing exam is required.

No exam for plumbers applying for a LLP prior to January 1, 2006, who submit proof and evidence of plumbing experience in Tennessee; or for plumbers licensed with any Tennessee county or municipality.

Exam required for plumbers applying for an LLP after January 1, 2006 and who are not licensed with any Tennessee county or municipality, prior to January 1, 2006.

If a plumbing examination is required, you will be notified and mailed the testing information which will include instructions on how to register, locations of exam sites, fees, an outline of the exam and a list of study references. After January 1, 2006, a plumber must show proof of 2,000 hours minimum experience in order to take the plumbing exam and obtain a LLP license. Effective July 1, 2006, exams will be offered by PSI.

- ____ 4. Attach **\$75.00**, two (2) year license fee (nonrefundable) by check or money order, payable to **“Contractors Board – Plumber”** and mail to:

Contractors Board – Plumber
500 James Robertson Pkwy., Suite 110
Nashville, TN 37243-1150

LLP Applications will be reviewed for issuance by the Board at their regular scheduled meetings which are during the months of January, March, May, July, September and November.

- ____ 5. Contact the county or municipality in the area prior to operating as a plumber for their licensing and permit requirements. The LLP is **NOT** exempt from local licensing and permit requirements enforced by municipalities or counties and codes offices. They may impose additional and stricter guidelines, including testing, inspections, and allowed to charge fees for licensing and permits.

The LLP is **NOT** exempt from **local licensing and permit requirements** enforced by municipalities or counties and codes offices. They may impose additional and stricter guidelines, including testing, inspections, and allowed to charge fees for permits. Always check with their office prior to starting a project. A LLP is not considered a contractor.

RENEWAL – The license expires two years from the last day of the month issued. Please notify the Board in writing of address changes to ensure renewal is mailed to the correct address.

**LIMITED LICENSED PLUMBER (LLP)**

TENNESSEE BOARD FOR LICENSING CONTRACTORS

500 JAMES ROBERTSON PARKWAY, SUITE 110

NASHVILLE, TENNESSEE 37243-1150

(800) 544-7693 or (615) 532-2868 or FAX - (615) 532-2868

www.state.tn.us/commerce/boards/contractors**PLUMBERS MUST SHOW EVIDENCE OF PLUMBING EXPERIENCE IN ORDER TO OBTAIN AN LIMITED LICENSED PLUMBER (LLP) LICENSE (See TCA 62-6-406).****EXPERIENCE AND/OR LOCAL LICENSE VERIFICATION****Plumber:** _____ **License#:** _____**Address:** _____**Telephone:**(____)____-____ **Cell:**(____)____-____ **Fax:**(____)____-____;

The above named applicant is required to submit proof of plumbing experience in the State of Tennessee as a requirement to obtain a Limited Licensed Plumber (LLP) license which requires plumbers to show evidence of plumbing experience. After January 1, 2006, a plumber must have at least 2,000 hours in order to qualify for a LLP license. Our Board appreciates your time and cooperation for your assistance.

PAST EMPLOYER OR AGENCY COMPLETES PORTION BELOW**Employer Name:** _____**Licensing Agency** (County/City/Municipality Permit Office) - _____

Type of License: ___Master ___Journeyman ___Apprentice ___Not Applicable ___Other: _____

Date of Original License or Employment: _____; Exp/End Date: _____

Licensed By:☐ Exam - Type & Score: _____ Date _____☐ Endorsement- State/City/County _____☐ Not Applicable: _____

It is my opinion, to the best of my knowledge, the above named plumber applicant has the following amount of plumbing experience:

___2,000 hours ___4,000 hours ___Other _____

(Signature of Employer/Agency Official)_____
(Print Name)_____
(Title)

Affirmed, witnessed and subscribed before me this _____ day of _____, 20_____.

Notary Public

(Seal)

My Commission Expires: _____

Plumbing Work Experience

Name of Employer: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

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(Mailing Address) (City) (State) (Zip Code)

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(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

